

## Methyl Bromide - Record of Fumigation

Job Details			
Job Identification	Customer Name	Start Date of Fumigation	Location
Description of Consignment			
Target of Fumigation		Container Numbers / Consignment Identification	

Fumigation Details			
The consignment complies with the following requirements of the <i>Standard</i> : Adequate free airspace, no impervious surfaces or wrapping, maximum timber thickness & spacing <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<input type="checkbox"/> Sheeted Containers Size:                      Qty:	<input type="checkbox"/> Sheeted Stack	Enclosure Dimensions	
<input type="checkbox"/> Pressure Tested Container Decay Time =                      seconds	<input type="checkbox"/> Chamber	L	H
		W	Volume
		=                      m <sup>3</sup>	
Specified Dosage Rate <span style="float: right;">g/m<sup>3</sup></span>	Exposure Period <span style="float: right;">hrs</span>	Forecast Minimum Temp <span style="float: right;">°C</span>	Dosage Rate Used <span style="float: right;">g/m<sup>3</sup></span>
Calculated Dosage <span style="float: right;">g</span>	Chloropicrin <input type="checkbox"/> N/A <span style="float: right;">%                      g</span>	Actual Dosage Applied <span style="float: right;">g</span>	Time Dosing Finished

Concentration Readings									
Phase	Time of Reading	Standard g/m <sup>3</sup>	Monitor Line Readings by Location					Equilibrium Calculation	Top-up Dose
			1:	2:	3:	4:	5:		
Start								%	
								%	
During									
End									

Comments
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Ventilation			
Initial TLV <span style="float: right;">ppm</span>	Date & Time Taken	2 <sup>nd</sup> TLV Reading <span style="float: right;">ppm</span>	Date & Time Taken
Fumigator in Charge		Quarantine Officer (if supervised)	
Name	Signature	Name	Signature